

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

40/519779

1 Date of Request: _____ **2 Serial/Patent #** _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT OF REFUND

\$

8 TO BE REFUNDED BY:

☐ Treasury Check

☐ Credit Deposit A/C #:

9

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10 REASON:

☐ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

OFFICE: _____

Regin. PHONE 28/2885 PKIDWELL 0018510200
DHR:13/25 Name/Number: 10519779
PL: 9244 \$500.00 CR

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ **DATE:** _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**